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## FEC FORM 2

## STATEMENT OF CANDIDACY

| _  |                                                                                |                            |                 |            |                  |                                                     |  |
|----|--------------------------------------------------------------------------------|----------------------------|-----------------|------------|------------------|-----------------------------------------------------|--|
| 1. | (a) Name of Candidate (in full)                                                |                            |                 |            |                  |                                                     |  |
|    | Engel, Eliot, L., ,                                                            |                            |                 |            |                  |                                                     |  |
|    | (b) Address (number and street)<br>170 East Post Road<br>Ste 207B              | ☐ Check if address changed |                 |            |                  | Candidate's FEC Identification Number     H8NY19058 |  |
|    | (c) City, State, and ZIP Code                                                  |                            |                 |            |                  | 3. Is This New Amended                              |  |
|    | White Plains                                                                   |                            | NY              | 1060       | 1-4974           | Statement (N) OR (A)                                |  |
| 4. | Party Affiliation                                                              | 5. Office Sought           |                 |            | 6. State & Distr | ict of Candidate                                    |  |
|    | DEMOCRATIC PARTY                                                               | House                      |                 |            | NY               | 16                                                  |  |
|    | DE                                                                             | SIGNATION (                | OF PRINC        | CIPAL      | CAMPAIGN         | COMMITTEE                                           |  |
| 7. | I hereby designate the following nar                                           | med political commi        | ttee as my P    | rincipal ( | Campaign Comm    | nittee for the 2018 (year of election) election(s). |  |
|    | NOTE: This designation should be to                                            | iled with the approp       | riate office li | sted in th | ne instructions. |                                                     |  |
|    | (a) Name of Committee (in full)                                                |                            |                 |            |                  |                                                     |  |
|    | Engel for Congress                                                             |                            |                 |            |                  |                                                     |  |
|    | (b) Address (number and street)<br>462 California Road                         |                            |                 |            |                  |                                                     |  |
| _  | (c) City, State, and ZIP Code                                                  |                            |                 |            |                  |                                                     |  |
|    | Bronxville                                                                     |                            |                 |            | NY               | 10708-2306                                          |  |
| δ. | candidacy.  NOTE: This designation should be f                                 |                            |                 |            |                  | mittee, to receive and expend funds on behalf of my |  |
|    | TOTE: This designation should be t                                             | nea with the princip       | ai oampaign     |            |                  |                                                     |  |
|    | (a) Name of Committee (in full) ELEPAC                                         |                            |                 |            |                  |                                                     |  |
|    | (b) Address (number and street)<br>P.O. BOX 481                                |                            |                 |            |                  |                                                     |  |
|    |                                                                                |                            |                 |            |                  |                                                     |  |
|    | (c) City, State, and ZIP Code                                                  |                            |                 |            |                  |                                                     |  |
|    | (c) City, State, and ZIP Code<br>WACCABUC                                      |                            |                 |            | NY               | 10597                                               |  |
|    | WACCABUC                                                                       | nmined this Stateme        | nt and to the   | best of    |                  | 10597 and belief it is true, correct and complete.  |  |
| Si | WACCABUC                                                                       | mined this Stateme         | nt and to the   | best of    |                  |                                                     |  |
|    | WACCABUC  I certify that I have exa                                            | nmined this Stateme        | nt and to the   |            |                  | nd belief it is true, correct and complete.         |  |
| E  | WACCABUC  I certify that I have examignature of Candidate  Ingel, Eliot, L., , |                            |                 | [Elect     | my knowledge ar  | nd belief it is true, correct and complete.  Date   |  |
| E  | WACCABUC  I certify that I have examignature of Candidate  Ingel, Eliot, L., , |                            |                 | [Elect     | my knowledge ar  | Date 05/12/2017                                     |  |

FEC FORM 2 (REV. 02/2009)